



## Community Health Needs Assessment: Executive summary

### Providence St. Patrick Hospital

#### Creating healthier communities, together

As health care continues to evolve and systems of care become more complex, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with many community organizations, we are committed to addressing the most pressing health needs in our community. Providence is part of a much larger community partnership that includes hospitals, social service agencies and other health care providers to produce a shared county needs assessment. The final assessment was complete on Nov. 17, 2017.

#### Our starting point: Gathering community health data and input

Through a formal Community Health Needs Assessment (CHNA), we identified that, in Missoula County:

- **Nearly 1 in 4 renters are “heavily burdened” by housing costs.**
- **The uninsured rate decreased significantly from 21 percent in 2013 to 7 percent in 2016.**
- **Cases of child abuse and neglect have increased steadily each year since 2013; the number of children in foster care has increased every year since 2012.**
- **One in four adults report binge or heavy drinking in past 30 days.**
- **Missoula County’s rate of suicide (31.5 per 100,000) is consistently higher than the state’s (24.3). Both of these rates are significantly higher than the national rate of 13.4 per 100,000.**

These findings and more are helping us develop collaborative solutions to fulfill unmet needs for some of the most vulnerable groups and individuals in the communities we serve.

## Community health measures in 2017

Prioritized need	Missoula County measures for 2017
<b>Social determinants of health and well-being</b>	<ul style="list-style-type: none"> <li>▪ Median household income in Missoula County is \$46,164.</li> <li>▪ Inequities in American Indian health and well-being include: Median age of death for American Indian males is 56, compared to age 75 for white men; median age of death for American Indian females is 62, compared to age 82 for white women. The obesity rate for American Indians is 43 percent, compared to 27 percent for the population as a whole.</li> <li>▪ Climate change: The 2017 wildfire season affected residents with asthma, COPD and other respiratory issues.</li> <li>▪ Housing availability and affordability: Average Missoula Food Bank client spent 61 percent of their income on housing.</li> <li>▪ Homelessness: In a 2016 survey, 395 homeless individuals were identified. Among them, 38 percent experienced homelessness for the first time, 67 percent were homeless for less than a year, 32 percent were families with a total of 78 children under age 12, and 15 percent were chronically homeless.</li> <li>▪ Food insecurity: 16 percent of Missoula Food Bank clients live on less than \$2 per day. In 2016, the Kids Table After School Meals program served 340 percent more meals than in 2015, and Kids EmPower Packs, which provides students with food to take home over the weekend, need increased by 62 percent.</li> </ul>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>▪ There was a 3.55 percent increase in the number of Missoula high school students who said they felt sad or hopeless almost every day for two weeks or more in a row since 2015.</li> <li>▪ Western Montana's age-adjusted percentage of adults who drink excessively is about 20 percent, more than 3 percent higher than the national average.</li> </ul>
<b>Access to care</b>	<p>The uninsured rate decreased significantly from 21 percent in 2013 to 7 percent in 2016. However, instability in the insurance market, including potential changes to the Affordable Care Act, Medicaid expansion and state budget cuts in 2017, will require attention to address a potential increase in the uninsured rate.</p> <ul style="list-style-type: none"> <li>▪ About 24 percent of American Indians could not see a doctor due to cost, compared to 15 percent for the population as a whole.</li> <li>▪ The pneumonia vaccine rate for American Indian adults age 65 and older was 34 percent, compared to 68 percent for the population as a whole.</li> </ul>
<b>Substance abuse</b>	<ul style="list-style-type: none"> <li>▪ Drug overdoses: Western Montana's age-adjusted mortality rate by drug overdose is 15.4 per 100,000, 15 percent higher than the national average.</li> <li>▪ Prescription drug use: The percentage of Missoula County High School students who have used prescription drugs one or more times without a prescription is as follows: .89 percent in 2013, 6.93 percent in 2016, and 5.59 percent in 2017.</li> </ul>

## Identifying top health priorities, together

Dozens of participants from 31 community organizations provided feedback for this CHNA. Significant contributors include Missoula City-County Health Department, Partnership Health Center, Missoula Forum for Children & Youth, Missoula Urban Indian Center, and Western Montana Mental Health Center. A detailed list is available on page 2 of the full CHNA.

We began with the priorities identified in the 2014 Missoula County assessment: (1) Improve access to mental health care and primary care, (2) prevent obesity and (3) Improve food security in the community. Providence then listened closely to our communities and partners, using results from the 2017 surveys and data from the health district to establish current community needs. Providence St. Patrick Hospital then created priorities for the hospital after evaluating scale and scope, gaps in service, community recognition of need, and alignment of our Mission and abilities to improve the most pressing community health needs.

Community input was gathered via:

- Public surveys conducted by St. Patrick Hospital (paper surveys distributed at 10 locations in Missoula and online) – May 2017
- Focus groups conducted by St. Patrick Hospital (Missoula Food Bank, Missoula Public Library, Missoula Aging Services) – October through November 2017
- Focus groups conducted by Missoula City-County Health Department in rural areas of Missoula County (Bonner/Clinton/Turah; Seeley Lake/Condon; East Missoula; Evaro/Frenchtown/Lolo)
- Key informant interviews and small working groups

**Providence top priority  
health needs for  
2017-2019**

Social determinants of health and well-being  
Mental health  
Access to care  
Substance Abuse

## Measuring our success:

### Results from our 2014 CHIP and Community Benefit Plan

This report also reviews results from our most recent CHNA in 2014. Identified prioritized needs were: (1) Access to mental health services, (2) obesity prevention, (3) food security and (4) access to care. Providence responded by investing time, resources and funding to programs that were most likely to have an impact on these needs. This summary includes just a few highlights from these plans.

Name	Type of program	Outcomes	Our support
Increase access to mental health services	Youth diversion	- 121 children were served. Respite services provided at collaborative group homes saved \$7,492 per case vs. inpatient facility treatment.	Funding for one staff person
Improve access to mental health services	Suicide prevention	<ul style="list-style-type: none"> <li>- Project Tomorrow training was held for: 2,880 participants from 9/1/16 – 12/31/17</li> <li>- Nine instructors were certified in the ‘Question, Persuade, Refer’ program.</li> <li>- Outreach was held on suicide prevention and safe gun storage.</li> <li>- Workplace suicide prevention was held with 75 participants.</li> <li>- Training calendar was developed for service providers at Missoula County Public Schools, University of Montana and Western Montana Clinic.</li> </ul>	Funding provided to United Way which administers program
Improve access to health care coverage	Enrollment assistance in multiple community organizations	<ul style="list-style-type: none"> <li>- Montana expanded its Medicaid program in 2016.</li> <li>- The uninsured rate was 15.4 percent in 2014; 9.4 percent in 2015, and 8.6 percent in 2016.</li> </ul>	7 certified application counselors now available year-round and during open enrollment  Paid print and radio ads  Sponsorship of Cover Montana
Reduce childhood obesity	Decrease childhood obesity by 10 percent	<ul style="list-style-type: none"> <li>- Promoted best-practice healthy school environments through CATCH, Eat Smart and Let’s Move! Missoula.</li> <li>- Improved safe access to transportation and recreation:               <ul style="list-style-type: none"> <li>o Chief Charlo Elementary access</li> </ul> </li> </ul>	Funding for community health specialist and curricula for schools and other community-based partners

		<ul style="list-style-type: none"> <li>○ Fort Missoula Regional Park</li> <li>○ Milwaukee Trail lighting grant</li> <li>- Provided summer nutrition programs; promoted fruit/vegetables for low-income families.</li> <li>- Promoted physical activity in schools (CATCH and Let's Move! Missoula).</li> </ul>	
Adult obesity	Reduce adult obesity by 5 percent and by 3 percent in older adults	<ul style="list-style-type: none"> <li>- Offer double SNAP dollars at farmer's market.</li> <li>- Promote breastfeeding-friendly policies in community.</li> <li>- Build awareness at community events (Sunday Streets, MUIHC, Farmer's Market, Kids' Fest, River City Roots, CATCH in the Park)</li> </ul>	Funding for agencies administering the double SNAP dollars and prescription for health programs.
Food security	Increase access to healthy food options for low-income residents	<ul style="list-style-type: none"> <li>- Promote fruit and vegetable consumption; double SNAP dollars.</li> <li>- Review (by a dietitian) of buying options at local food bank.</li> </ul>	<p>In-kind technical support of SPH dietitian</p> <p>Grant to food bank for new building</p>

This assessment supports and guides our community benefit investments, not only for our own programs but also for many nonprofit partners. **Please join us in making our communities healthier together.**

The full county CHNA available at: <https://www.missoulacounty.us/departments/health/data-reports>.



December 1, 2017

Providence St. Patrick Hospital's Mission and Community Needs Committee has reviewed and approved the findings of the 2017 Community Health Needs Assessment.

Signed:

A handwritten signature in blue ink, appearing to read "Joyce Dombrowski", written over a horizontal line.

Joyce Dombrowski, MHA, RN, CENP, CPH  
Chief Executive, Western Montana Service Area

A handwritten signature in blue ink, appearing to read "Joel Gilbertson", written over a horizontal line.

Joel Gilbertson  
Senior Vice President, Community Partnerships, Providence Health and Services

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Contact to request a copy, provide comments or view electronic copies of current and previous community health needs assessments:  
<https://montana.providence.org/hospitals/st-patrick/community-support/community-health-needs-assessments/>



# Community Health Improvement Plan: 2017-2019

**Providence St. Patrick Hospital**  
Missoula, Montana

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## Executive summary

### 2017-2019 Community Health Improvement Plan

#### Creating healthier communities, together

As health care continues to evolve and systems of care become more complex, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with many community organizations, we are committed to addressing the most pressing health needs in our community. Providence is part of a much larger community partnership, which includes hospitals, social service agencies and other health care providers to produce a shared county needs assessment.

### Summary of prioritized needs and associated action plans

#### Social Determinates of Health and Well-being

- Affordable housing
- Climate Change/Wildfire Impact
- Homelessness
- Food Insecurity
- Obesity Prevention (youth and adult)

#### Mental Health

- Suicide Prevention
- Access to mental health services for youth and adults

#### Access to Care

- Primary Care
- Trauma/adverse experience prevention

#### Substance Abuse

- Substance Abuse Treatment
- Prevention

## Introduction

### CREATING HEALTHIER COMMUNITIES, TOGETHER

As health care continues to evolve, Providence is responding with dedication to its Mission and a core strategy to *create healthier communities, together*. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Providence Health & Services provided \$1.6 billion in community benefit across Alaska, California, Montana, Oregon, Texas and Washington during 2017.

### Serving Montana

The Montana service area of Providence Health & Services, the third largest not-for-profit health system in the United States. During 2017, our region provided over \$19 million in community benefit in response to unmet needs and improve the health and well-being of those we serve in Western Montana. Our region includes:

- One Providence hospital in Missoula County recognized nationally for quality care
  - One critical access hospital in Lake County
  - Providence Medical Group: a network of primary care and urgent care, and specialty physicians located in clinics throughout western Montana.
  - One joint venture home health provider:
    - Partners in Home Care
-

## **About us**

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence's combined scope of services includes 34 hospitals, 475 physician clinics, senior services, supportive housing and many other health and educational services. The health system and its affiliates employs more than 76,000 people across five states – Alaska, California, Montana, Oregon, Texas and Washington – with its system office located in Renton, Washington. Our community health activities are rooted in the charitable work the Sisters of Providence started nearly 160 years ago when they answered a call for help from a new pioneer community in the West.

### **Mission**

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

### **Vision**

Health for a Better World

### **Our Promise**

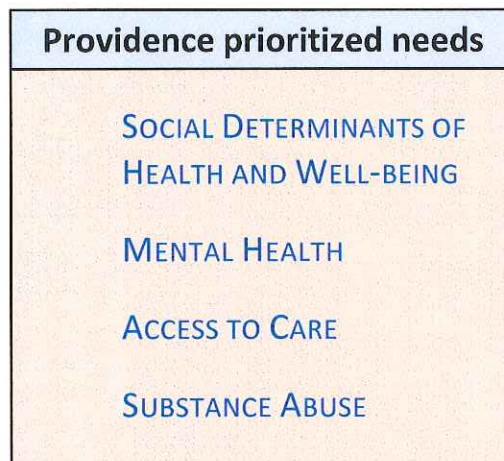
"Know me, Care for me, Ease my way."

### **Values**

Compassion, Dignity, Justice, Excellence, Integrity

## Purpose of this plan

In 2017, Providence St. Patrick Hospital conducted a community health needs assessment. This community health improvement plan is designed to address key health needs identified in that assessment. The prioritized needs were chosen based on community health data and identifiable gaps in available care and services. In the course of our collaborative work, we determined that emphasis on these needs would have the greatest impact on the community's overall health with significant opportunities for collaboration. These are:



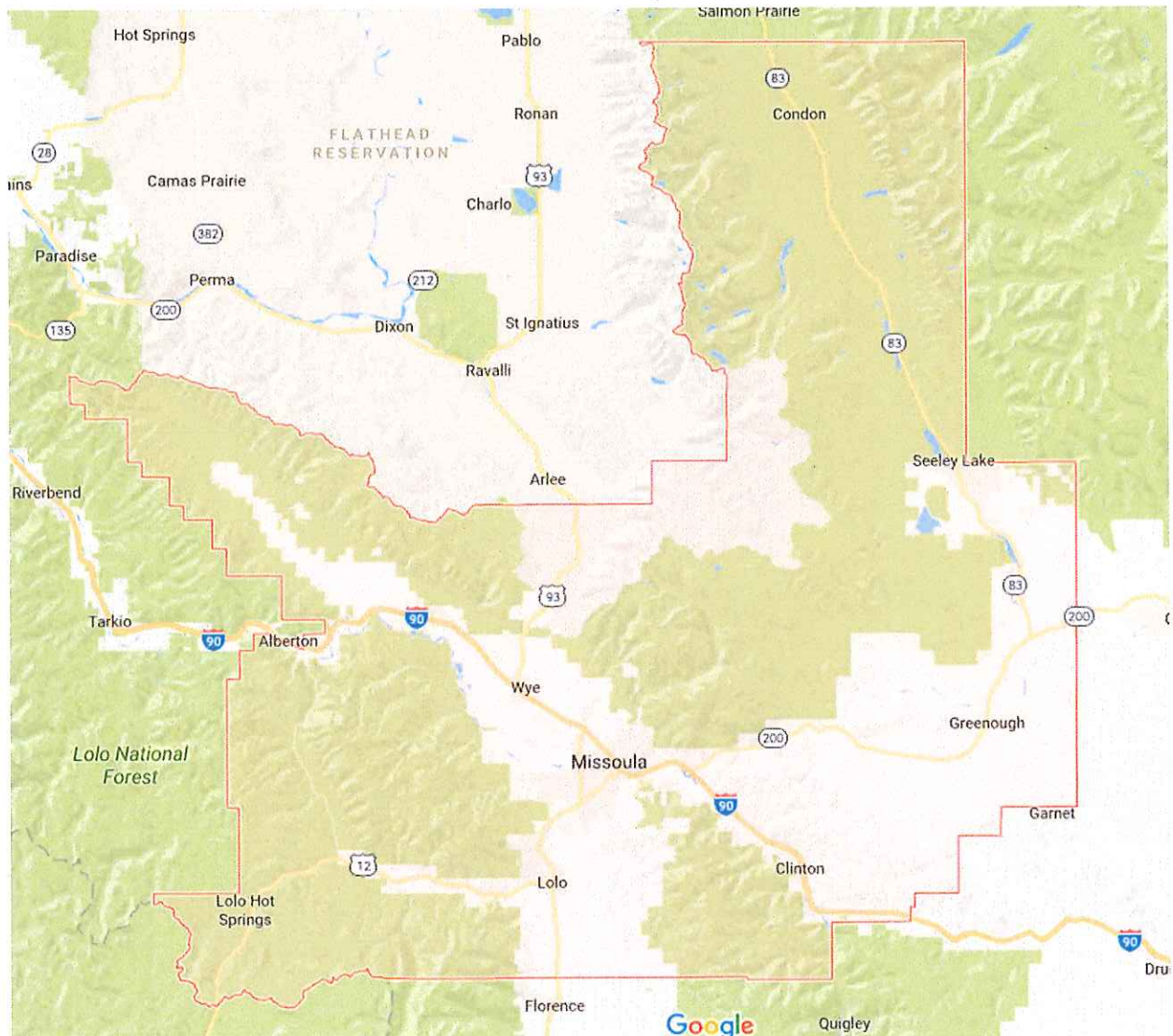
### Our overall goal for this plan

As we work to create healthier communities, together, the goal of this improvement plan is to measurably improve the health of individuals and families living in the areas served by Providence St. Patrick Hospital. The plan's target population includes the community as a whole, and specific population groups including minorities and other underserved demographics.

This plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital, through our mission services with assistance from key staff in various departments, community collaborative partners.

This plan is intended to serve as a guiding document for community investment, community building and development, and community health efforts through 2019. It will be reviewed and updated annually or as needed to recognize new partners, initiatives, and metrics as they are available, and to align with other strategic documents for both the hospital and other partners. Importantly, this plan is not intended to be an exhaustive inventory of all of Providence's efforts to address these needs. Rather, this document highlights those efforts that are measurable and community based.

## Community Profile



Missoula County covers an area of roughly 2,600 square miles in western Montana. The county is mountainous, with more than 1,975 miles of rivers and streams and five valleys that sit about 3,200 feet above sea level. The area is home to abundant wildlife. The first inhabitants of the Missoula area were American Indians from the Salish tribe. The first white settlement was established in 1860. (Missoula County Community and Planning Services).

The socio-cultural environment of Missoula County is predominantly white Anglo-Saxon with representation of American Indian, Eastern European, and Hmong cultures. Missoula County does include a small area of the Flathead Reservation, home of the Confederated Salish and Kootenai Tribes. However, that area is sparsely populated, and the county's American Indian population is primarily urban and living in or near the city of Missoula. The urban Indian population is made up of many tribes, most of whom are

still connected with their home reservations. The Hmong community settled in the county in one main wave of immigration in the 1970s. The Eastern European community comes primarily from immigrants from Belarus, who arrived in the 1980s. Both immigrant groups maintain their language and cultural traditions. (Missoula County Rural Initiatives)

The presence of the University of Montana, as an educational institution and as an employer, means that the city of Missoula in particular is focused on education. The University of Montana is a four-year, mostly non-residential university with graduate programs. UM spring 2017 enrollment stood at 11,615. Missoula is also home to Missoula College, which offers 40 technical and occupational programs; enrollment in Missoula College is 1,609 students<sup>1</sup>.

## POPULATION AND AGE DEMOGRAPHICS

Total population of Missoula County is 116,130, with an annual growth rate of about 1.88 percent in 2016. The American Community Survey 2011-2015 five-year estimates of the population comprised:

- 20% percent youth (0-17 years)
- 30% percent young adults (18-34 years)
- 37% percent older adults (35-64 years)
- 13% percent seniors (65 years and older)

## ETHNICITY

Among Missoula residents in the ACS five-year estimates, 92% were White, 1.25% Asian, 3% were Hispanic or Latino, 3% were Alaska Native or American Indian, <1% were African American or Black, <1% were Native Hawaiian or other Pacific Islander, and 3% were of two or more races.

## INCOME LEVELS AND HOUSING

In the 2011-2015 ACS five-year estimates, the median household income for Missoula County was \$65,463, and the unemployment rate was 3.8%<sup>2</sup>. Missoula County's median household income is 6.6% higher than Montana's median household income, and less than 1% lower than the national median household income.

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<sup>1</sup> Bauer, T. (2017, March 2). University of Montana enrollment drops, but officials optimistic. *Missoulian* [Missoula]. Retrieved from <http://missoulian.com>

<sup>2</sup> US Department of Labor, Bureau of Labor Statistics. 2017 - June

Despite the median household income being on par with the national average, housing is an ongoing challenge due to high costs. 37% of households in Missoula County are designated as “cost-burdened” for housing costs, defined as than 30% of income going toward housing costs.

#### HEALTH CARE AND COVERAGE

The share of Missoula County residents (under age 65) who are uninsured was 12% based on the 2015 U.S. Census Small Area Health Insurance Estimates, down from 19% in 2013 before the Affordable Care Act Health Insurance Marketplaces went into full effect. Both Missoula County’s and Montana’s uninsured rates are higher than the national rate of 13%.

Montana’s expanded Medicaid program went into effect in 2016, which has served to further reduce the uninsured rate. As of June 2017, enrollment in Medicaid and CHIP in Montana was 73% higher than in 2013 (Medicaid.gov).

While Missoula County’s rate of Primary Care Physicians (PCPs) per 100,000 is much higher than the state and national averages (107 vs. 82 and 88, respectively), a large percentage of Missoulians self-report to lack a consistent source of primary care, at 30%.

#### HEALTH AND WELLBEING

In Missoula County, 35% people over age 20 self-report to be overweight and 22% self-report to be obese. These rates are slightly lower than the national averages of 36% and 28%, respectively. Historically, Montana’s rate of obesity is lower than the national average, ranking the fourth lowest.

Missoulians self-report lower rates of having fair or poor general health as compared to the state and national rates, with 11% of residents of Missoula County reporting “fair” or “poor” general health, as compared to rates of 14% and 16% at the state and national levels, respectively.

While physical health measures are typically positive for this region, Western Montana faces many challenges related to mental health, substance abuse and suicide. Access to mental health services is difficult due to many Montanans living in rural areas, often at great distances from population centers. The average Montanan’s income is lower than the national average, making mental health treatment a luxury for many people, rather than a part of basic, comprehensive health care. In Western Montana’s poorest counties, more than half of household incomes are below 200% of the federal poverty guidelines. A person living in poverty has increased risk of

mental illness and suicide attempts<sup>3</sup>, creating a dire cycle of those who most need mental health treatment being the least able to access it.

These factors, combined with a regional culture that places high value on gun ownership for hunting and self-defense, means that most Montanans have ready access to the most lethal means of suicide: guns. The Violence Policy Center reports that higher rates of gun ownership correlates with higher rates of suicide<sup>4</sup>. As a result, Montana's suicide rate consistently ranks in the top three states, and is nearly double the national average.

Drug and alcohol abuse present another significant challenge to Montanans. Low incomes and mental illness correlate to substance abuse and related deaths. Western Montana's rate of heavy alcohol use and death by drug overdose are both higher than the national average; similar to access to mental health services, however, access to substance treatment is insufficient, particularly for people who are uninsured or covered through state programs.

The findings of the most recent community health needs assessment for the Western Montana service area confirms these challenges. Lack of access to services is partially due to financial pressures faced by mental health providers related to reimbursement rates, including:

- Payment models that restrict reimbursement to the provision of specific services
- Workforce shortages that prevent them from meeting licensing requirements or providing services
- Lack of psychiatrists and other prescribers

While treatment for mental illness and substance disorders is challenging in general in Western Montana, there is a particular dearth of services for the youngest Montanans. Access to both outpatient and inpatient services for adolescents ages 12-18 is insufficient. Even fewer providers and services treat children younger than age 12, despite many children in Montana needing psychiatric care. This results in the youngest, most vulnerable Montanans receiving treatment

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<sup>3</sup> Author Unknown. (2015). Poverty, Mental Illness and Suicide Linked. *Psych Central*. Retrieved on December 19, 2016, from <http://psychcentral.com/news/2011/04/04/poor-mental-illness-and-suicide-linked/25013.html>

<sup>4</sup> Violence Policy Center. (n.d.). Guns and Suicide. Retrieved December 19, 2016, from <https://www.vpc.org/revealing-the-impacts-of-gun-violence/suicide/>



only once a crisis stage has been reached, and often in care settings that provide no therapeutic support, such as a hospital's general medical unit.

**PRIORITY HEALTH NEED: #1**

**Mental Health**

This section outlines Providence’s plan to address unmet mental health needs in our community with measurable and achievable goal(s) over a three-year period.

**Community needs addressed**

- Suicide prevention and community education for adults and youth
- Access to crisis and restorative mental health services for adults and youth

**Goal(s)**

- Improve access to timely and affordable acute and ambulatory mental health treatment for community members
- Reduce the number of suicides attempted and completed
- Reduce the stigma of mental illness

**Objective(s)**

- Improve the integration of mental health services into primary care settings
- Improve the community response to individuals in mental health crisis

**Action plan and proposed measurement**

Action Plan	Proposed Measurement
Conduct community trainings for QPR (Question, Persuade, Refer), CIT (crisis intervention training), adult mental health first aid and youth mental health first aid.	Number of community members trained; including law enforcement and mental and physical health providers.
Increase telepsychiatry services and ensure that all primary care practices have licensed therapist co-located within.	Number of telepsychiatry services/visits provided.  % of primary care patients screened for depression and/or anxiety.  Pre-post decrease in average PHQ-9 score of patients who complete therapy plan.
Collaborate with and support area schools on implementation of mental health and substance use education and prevention.	Number of students to complete program and provide support to pilot appropriate school based intervention(s).

Increase post discharge linkages to community resources from acute (hospitalization, emergency department) care settings.	Phone call follow up post discharge (inpatient and ED) and community resource support for individuals will be increased. 100% of all PACT team patients will have phone call followup back to the WMMHC team on presentation in the ED/IP.
Increase the capacity of the youth diversion program to meet the needs of youth in crisis.	Number of children and families to access the service.
Collaborate with and support community partners such as Project Tomorrow to reduce suicides.	Implementation of community wide stigma reduction campaign.
Train targeted SPH staff to recognize the signs of human trafficking and how to appropriately refer to community resources.	100% of targeted staff will complete healthstream training.

**Partners in collaboration**

Western Montana Mental Health Center, Missoula City/County Health Department, Law Enforcement, Project Tomorrow Suicide Prevention Collaborative, Missoula County schools, University of Montana, United Way of Missoula County, Partnership Health Center, Community Medical Center, Western Montana Clinic, NAMI (National Alliance of Mental Illness), State of Montana-Addictive and Mental Disorders Division, Providence Medical Group, Western Service Area Authority, Winds of Change Mental Health Services, Three Rivers Mental Health Services

## PRIORITY HEALTH NEED: #2

### Social Determinants of Health

This section outlines Providence’s plan to address unmet social determinants of health and well-being needs in our community with measurable and achievable goals over a three-year period.

#### Community needs addressed

- Affordable Housing
- Homelessness
- Obesity Prevention
- Climate change/Impact of wildfires
- Food insecurity

#### Goal(s)

- Through community partnerships we will strive to enhance the physical and social environment(s) that will increase the health and well being our community.

#### Objectives

- Increase access to healthy and affordable food options
- Reduce rates of obesity in children and adults
- Reduce the burden of homelessness to improve health outcomes for this population
- Improve access to safe, supportive and affordable housing
- Reduce the burden of climate change and wildfire smoke

#### Action plan & Proposed Measurement

Action Plan	Measurement
Collaborate with stakeholder agencies to address the lack of affordable housing; including the availability of supportive housing for frequent utilizers of systems. Engage in expert to expert collaboration amongst community wide efforts such as Housing as Healthcare, Invest Health and Coordinated Entry System.	Complete community wide housing resource assessment.  Assess options for data sharing and outcome measurement across service sectors
Collaborate with Homeless Shelter and other primary care providers to address over utilization of acute and emergency services by homeless or housing insecure residents.	Reduced acute hospitalizations and emergency room visits.

Partner with other agencies to implement obesity prevention activities throughout community.	Reduced rates of obesity and diabetes in adults and children through structured activity based programs such as CATCH.  Increase walkable spaces in the community through trails, sidewalks and wayfinding.
Increase access to healthier food through community partnerships such as Garden City Harvest, Missoula Food Bank	Number of residents accessing fresh food prescriptions, SNAP, community gardens will increase.
Partner with Climate Smart Missoula, City of Missoula and others to advance the community wide goal of “Zero Waste”	Continue to support and enhance Providence’s Green for Good program to advance this community wide goal.  Collaborate with and provide support to Climate smart Missoula to reduce the burden of wildfire smoke through the distribution of Hepa filters for vulnerable populations.
Collaborate and support programs that meet the unique health and well being needs of children who experience neglect and maltreatment.	Number of children served in FirstSTEP program with strong linkages to follow up support. Assess the opportunity to join the CONNECT online Referral System
Address Housing insecurity for kids who age out of foster care.	Participate on Coordinated Entry System Participate on four ‘mini connects’ which is a community wide event to support homeless individuals in areas of housing, employment, & access to care.

**Partners in Collaboration**

Montana Healthcare Foundation, City of Missoula, Housing Authority, Missoula Parks and Recreation, Partnership Health Center, Missoula Food Bank, Missoula City County Health Department, United Way, Community Food and Agriculture Coalition of Missoula County, Missoula County

## **PRIORITY HEALTH NEED: #3**

### **Access to Care**

This section outlines Providence’s plan to address unmet access to healthcare services in our community with measurable and achievable goals over a three-year period.

#### **Community needs addressed**

- Access to community resources
- Enrollment and utilization of health care insurance and services
- Chronic disease burden will be reduced, particularly within communities of color

#### **Goal(s)**

- Improve the experience of vulnerable populations in accessing healthcare services

#### **Objectives**

- Increase knowledge of and access to community resources
- Increase enrollment and utilization of health care insurance
- Increase awareness about primary care services available

#### **Action plan**

<b>Action Plan</b>	<b>Measurement</b>
Collaborate with agencies such as Missoula Aging Services and Human Resource Council to increase community knowledge of resources.	Number of residents who call the 211 system or the resource center to find support.
Provide enrollment assistance for community members for health insurance; including MCD, part D, Disability and ACA	Number of residents receiving enrollment assistance. Uninsured rate in county is reduced.
Provide access to low cost medication through the Medication Assistance Program.	Number of patients with chronic conditions served.
Expand Express Care into Missoula County	Site is open and number of patients served

#### **Partners in collaboration**

Montana Medicaid, Cover Montana, Human Resource Council, Missoula Aging Services, Missoula Indian Services, YWCA, Partnership Health Center, Missoula County, Providence Medical Group.

PRIORITY HEALTH NEED: #4

**Substance Abuse**

This section outlines Providence’s plan to address unmet substance abuse needs in our community with measurable and achievable goals over a three-year period.

**Community needs addressed**

- Limited access to substance use treatment and support services for youth and adults.
- Limited or lack of knowledge for substance abuse services

**Goal(s)**

- Provide community with access to substance abuse treatment and support services to achieve optimal health and recovery.

**Objectives**

- Increase awareness to existing substance abuse treatment and support services
- Increase awareness of and access to prevention programs

**Action plan**

Action Plan	Measurement
Collaborate with Recovery Center/addiction services to promote treatment and support services.	Increased number of persons served at the Western Montana addiction services.
Promote the Missoula Forum for Youth to increase substance abuse/use education in the community	Number of school age children completing education programs.
Implement Eat, Sleep and Console program in SPH Family Maternity Center.	Number of women and infants provided support and treatment for substance use.

**Partners in collaboration**

Western Montana Addiction Services/Western Montana Mental Health Services, Missoula Forum for Youth, MUSAP (), Alanon, Missoula Neonatal Abstinence Syndrom Coalition, Partnership Health Center

## Healthier Communities Together

As outlined , Providence is working to address each of the identified needs in a variety of ways over the next three years. That said, it is important to note that some of this work will be completed in more indirect ways than others. To address needs in specific neighborhoods, we will seek out opportunities to support local jurisdictions and community organizations focused on access to safe parks, pedestrian and bicycle friendly transportation, and other components of the built environment that lead to improved health outcomes.

Improving community health requires collaboration across community stakeholders. This plan will be reviewed and updated over the next three years to ensure alignment with other community plans and Providence strategic priorities. Below is a list of community partners engaged in the development of the community health improvement plan.

Missoula County Health Department

Missoula Urban Indian Center

University of Montana (Rural Institute on Disabilities, Neural Injury Center, Department of Counselor Education, Sociology Department)

Partnership Health Center

Missoula Aging Services

Neighborworks Montana

Missoula Housing Authority

Missoula Economic Partnership

Community Medical Center



## Plan approval



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